



Physician Report & Medical Clearance for Dental Surgery

Dear _____, MD/DO:

Date of Request: _____

Our mutual patient, _____ (DOB: _____), is planning on having dental surgery with local anesthesia and possibly moderate (conscious) IV sedation with or without Nitrous Oxide. **Potential intra-operative medications include:** Ativan, Valium, Halcion, Versed, Fentanyl, Ondansetron, Diphenhydramine, Dexamethasone, Precedex, Ketorolac, Medrol Dose Pack, Lidocaine with Epinephrine, Marcaine with epinephrine, Amoxicillin, Clindamycin and other potential antibiotics. **Potential post-operative medications include:** Ibuprofen, Tylenol, Norco, Clindamycin, Amoxicillin, Z-Pak, Chlorhexidine rinse and Phenergan. Please evaluate his/her medical condition and report back to us, *in writing*, with the following information:

*****TO BE COMPLETED BY THE PHYSICIAN*****

Name of Reporting Physician: _____

Date of Report: _____

Address of Reporting Physician: _____

Phone # of Reporting Physician: (_____) _____

1. List of all current medications: _____

2. List of known medical conditions: _____

3. List of known drug allergies: _____

4. Are there any special precautions or contraindications to the proposed treatment? *(Please be as specific as possible.)*

5. Do you feel this patient can be safely treated in the dental office setting? Yes or No *(please circle one)*

Signature of Physician

As the reporting physician, please either use this form or send your own information. If you have any questions regarding the above, please call Dr. Hamidi's office. Thank you.

Sincerely,

Cameron Hamidi, DDS, MPH (Phone # _____ Fax # _____)